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VAN DIE REDAKSIE : EDITORIAL

DIE DOKTER EN SY VROU

I have found it impossible to carry the heavy burden of responsibility and to discharge my duties as King as I would wish to do without the help and support of the woman I love.

Edward VIII of Great Britain: *Uitsending, 11 Desember 1936.*

Mens wonder werklik soms hoe die ongetroude dokter die mas opkom sonder die onderskraging en beskerming van 'n vrou. Ons vergeet haar dikwels, hierdie skadufiguur in die agtergrond wat in 'n groot mate slegs die spons moet wees wat al die weë moet opsuig sonder om gereeld aan die wel deel te hê. Die klaagmuur, die skansmuur en soms ook die grensmuur—sulks is haar funksies in die praktyk. Kom ons plaas hulle een vir een voor ons.

Teen iemand moet die dokter kan kla anders sal hy, soos 'n stoomketel waarvan die veiligheidsklep vasgehaak het, opblaas tot die onsteltenis van sy pasiënte en sy kollegas. Dit help nie om klaagliedere aan die pasiënte voor te sing nie; hulle is heel verstaanbaar nie geïnteresseerd nie. Die publiek is wel gewillig om meewarig te praat van hulle arme, liewe dokter wat hom half dood werk, maar in werklikheid bewonder hulle hom daarvoor en sal hulle teleurgesteld wees as hierdie aanleiding tot simpatie hulle ontneem word. Wat hulle nie wil hoor nie, is dat hulle self die oorsaak van sy oorwerkte toestand is, om van die irritasie wat konsultering meebring nie eens te praat nie. Die kollegas is ook maar afsydig want hulle het hul eie probleme wat dikwels net so groot of groter as dié van die klaer is.

Daar is dus net een effektiewe kla-plek en dit is die skouer van die geduldige vrou. Sy moet dit alles aanhoor—hoe onredelik die pasiënte is; hoe ondoeltreffend dié of daardie organisasie is; hoe diep die teleurstelling was toe die belowende verbetering van die kind met leukemie net tydelik geblyk te wees het. Slegs nou en dan kan sy deel in die triomf van 'n geslaagde operasie of terapeutiese handeling, en selfs dan voel sy haar in 'n mate buite die geslote kring. Die verpleegster en die paramediese personeel is diegene wat weens nouer kontak met die betrokke pasiënt 'n groter aandeel aan die viering behou.

Sy is die skansmuur. Pasiënte, veral op 'n plattelandse dorpie, is geneig om hul dokter huidjie en muidjie in te sluk. Hulle sal in sy slaapkamer op sy bed kom sit en raad vra as iemand nie keer nie. Ook die stedelike dokter het ervaring van die telefoon wat ewigdurend lui, sonder inagneming van etensure of rustye. Dan is dit die vrou wat tot die verdediging moet toetree. Die brawes en die gevestigdes kan dit miskien waag om te sê dokter rus nou en sal later terugskakel. Die met minder selfvertroue moet maar toevlug neem tot wit leuens. As daar werklik 'n baba gebore word vir iedere bevalling waarmee die moeë dokter oor die etensuur moes spook sal ons met 'n ernstige bevolkingsontploffing te kampe hê.

Soms is die dokter werklik nie tuis nie en dan moet die niksvermoedende en doodonskuldige vrou al die drek aanhoor wat so mildelik oor haar kop uitgegiet word. Diegene wat nog so effens skrikkerig is vir die geneesheer self, voel dikwels dat dit hulle welaangewese kans is om gal te braak. Van 'n wildvreemde persoon moet vroutjie verneem hoe 'n nikswerd stommerik sy as man uitgekies het, en sy mag nie eens teenstribbel nie. Nou en dan is die dankbare pasiënt gretig om lof toe te swaai en wil hy of sy dan graag 'n ellelange relaas oor die brillante optrede van die dokter vertel—gewoonlik wanneer die konfyt op die stoof aanbrand of die badwater oorloop.

Sy is ook die beperkende faktor wat moet toesien dat die dokter nie hande uitruk nie. 'n Praktyk wat floreer is een ding, maar dit kan naderhand te wild gaan sodat die koronêre trombose om die hoek sit en loer. Die geld kom goed in, die bankbestuurder glimlag vriendelik en die doktersvrou sien haar man net so skrams oor naweke. Omdat hy so besig is en oormoeg tuiskom is hy geneig om te kompenseer deur te spandeer soos 'n delwer wat 'n ryk kleim gebuit het. Dit is die vrou wat dan moet briek aandraai en paal en perk voor oë hou. Die enigste dank wat sy vir hierdie funksie kry is 'n gemompel dat hy, die arme hardwerkende, ook niks in die lewe gegun word nie.

Kom ons sit 'n slag terug en bring hulde aan die halfonsigbare medewerkers in die mediese praktyk. Aan hulle al ons eer en ons dank. Die publiek moet en sal gewillig wees om toe te laat dat die huisarts sy vrou se belange voor oë hou, mits die situasie uit wans uit duidelik gestel word. Die doktersvrou is nie die buitestander nie; sy is 'n integrale deel van die praktyk en sy moet as sulks behandel word.

TROPICAL DOCTOR

A new journal has joined the ranks and we wish to welcome it most heartily, especially in view of the fact that much of its contents will certainly be of importance and interest to our own readers. *Tropical Doctor* is published by the Royal Society of Medicine, London, and is edited by Dr H. A. Clegg, a former editor of the *BMJ*.

As the editorial of the first issue so correctly points out, tropical medicine does not only concern tropical diseases, for the inhabitants of such countries are equally prone to develop other conditions such as measles. Very often, however, these same diseases present in a quite different way in the tropics and the approach to a problem may have to be altered to suit the special circumstances. Our colleagues who practise in the subtropical climate of Natal will be only too aware of this, and in many of the remote regions of Zululand the particular problems which are

dealt with in the articles in *Tropical Doctor* will be encountered daily by the mission doctors.

Even in the non-tropical parts of our country there are areas where the knowledge and experience of the authorities who contribute to the new journal will be of inestimable value to local doctors.

We wish to congratulate the editor and his staff on the excellence of this first issue of their journal and wish it all the best for the future.

HOW TO READ A JOURNAL

As far as journals are concerned, the medical profession can be roughly divided into three main groups: the readers, the scanners and the shirkers. Into which category a particular doctor will eventually fall depends to some extent on his training, to some extent on the conditions of his practice and to a very large extent on his personality. Intelligent readers of a medical journal are made, not born, and it is each doctor's duty towards his patients and himself to ensure his ability to read and absorb the facts presented in the medical literature in a reasonable and useful way.

Certain journals, especially those which are the official publications of associations or other institutions, are automatically posted to the members concerned. Because such journals arrive on the doctors desk virtually unasked for, one would think that they particularly would be in danger of being ignored and that the piles of unopened periodicals in a consulting room would be largely comprised of such 'automatic' mailing material. This is not necessarily the case, for only too often the newly qualified doctor, in a fit of enthusiasm, will subscribe to some or other special journal which seems to him to cater for his specific type of practice. As the months and the years go by and the pressure of work increases, this specially ordered journal also joins the ranks of the left-behinds and helps to swell the growing pile of unread literature.

How does one become an intelligent reader of a journal or journals? Immediately after qualification, or sometimes as a hangover from a particularly stimulating congress or refresher course, a doctor will decide to exercise self-discipline and to become and remain an avid reader of scientific articles. He then makes a point of regularly reading the journal of his choice virtually from cover to cover, forgetting that even the best-compiled journal will inevitably contain a certain amount of material which does not concern him. This is true not only in the case of a general medical journal such as ours; it happens equally in very specialized periodicals catering for a particular field of medicine. The anaesthetist will find that his chosen periodical for the specialist practice will contain a certain number of articles in each issue which are of great importance to him in his own milieu, whereas some of the articles will be geared to work conditions which do not concern him. The same holds for most disciplines.

The over-enthusiastic reader who wades through every printed word must sooner or later run out of fuel and the result will be that he reads less and less and eventually even ignores the articles which are of particular importance to him. We have reason to believe that this overzealous initial readership is the prime cause of a waning interest as time goes by.

Some doctors combat the threatening lethargy by teaching themselves to scan and it is surprising to what extent it is possible to develop the ability to gut an article by merely running an eye down the middle of a column. It is a laudable habit and if practised with care it can save many hours of tedious reading while still keeping the practitioner well informed about new developments. But it can become a habit which might lead to slipshod thinking, for sooner or later the essence of a particular article will escape the scanner and he will be left with a wrong impression, to the possible detriment of his patients.

Many doctors read virtually only the summaries of articles, thinking that this time-saving practice will suffice to keep them up to date. This is a fallacy, as many subscribers to journals which publish only abstracts have discovered to their cost. Occasionally it is possible to make an abstract of an article which will clearly convey every important detail in the original full manuscript, but more often than not the summary gives merely the gist of the article and much of the essential detail is lost.

The correct and ideal solution is a combination of trained scanning, perusal of summaries and a careful choice of articles which should be read in full and with care. Such a regimen will ensure that the entire content of a given journal will broadly impinge on the consciousness of the doctor concerned, whereafter he will by means of the summaries, select only those items which can be of use to him. He does not overburden himself with a mass of verbiage which will tend to dampen his enthusiasm as the years go by, and yet he will be able to quote with authority such articles as have been of importance to his particular method of practice.

Here we wish to sound a warning. There are a number of publications in medical literature which have become classics and to which we refer with monotonous regularity. The names of the authors have in many instances become household words in medicine, such as Addison, Von Recklinghausen and others. Please be careful before quoting these authors, for the substance of their articles has often through the years been distorted as a result of incorrect interpretation due to faulty memories. It is always safe policy not to refer back to the original description of well known disease entities unless the article is first carefully scrutinized. How many diabetologists today can in all honesty say that they know exactly what Banting and Best reported in their first article?

To sum up, we say that reading a medical journal is an art, and one well worth cultivating. Unless every doctor takes the trouble to make himself *au fait* with the best technique of gleaning information from the medical press he will inevitably miss a part of the knowledge available to him.